



State of California
Secretary of State

File # 200734400002

FILED
In the office of the Secretary of State
of the State of California

DEC 05 2007

CERTIFICATE OF LIMITED PARTNERSHIP

A \$70.00 filing fee must accompany this form.

IMPORTANT – Read instructions before completing this form.

This Space For Filing Use Only

ENTITY NAME (End the name with the words "Limited Partnership" or the abbreviation "L.P.")

1 NAME OF LIMITED PARTNERSHIP
Shamwari, L.P.

PRINCIPAL EXECUTIVE OFFICE ADDRESS (Do not abbreviate the name of the city. Item 2 cannot be a P.O. Box.)

2 STREET ADDRESS CITY AND STATE ZIP CODE
909 Montgomery Street, Suite 400 San Francisco, CA 94133

COUNTY INFORMATION (Complete Item 3 only if the limited partnership was formed in California prior to July 1, 1984 and has elected to be governed by the California Revised Limited Partnership Act.)

3 THE ORIGINAL LIMITED PARTNERSHIP CERTIFICATE WAS RECORDED ON _____ WITH THE RECORDER
OF _____ COUNTY. FILE OR RECORDATION NUMBER _____

AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and both items 4 and 5 must be completed. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 4 must be completed (leave Item 5 blank).)

4. NAME OF AGENT FOR SERVICE OF PROCESS
Marc T. Scholvinck

5 IF AN INDIVIDUAL, ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA CITY STATE ZIP CODE
909 Montgomery Street, #400 San Francisco CA 94133

GENERAL PARTNERS (Enter the names and addresses of all of the general partners. Attach additional pages, if necessary.)

6a NAME ADDRESS CITY AND STATE ZIP CODE
Marc T. Scholvinck 909 Montgomery Street, #400 San Francisco, CA 94133

6b. NAME ADDRESS CITY AND STATE ZIP CODE

GENERAL PARTNER SIGNATORY REQUIREMENTS

7 INDICATE THE NUMBER OF GENERAL PARTNERS' SIGNATURES REQUIRED FOR FILING CERTIFICATES OF AMENDMENT, RESTATEMENT, MERGER, DISSOLUTION, CONTINUATION, CANCELLATION AND CONVERSION OR DOCUMENTS CONTAINING A STATEMENT OF CONVERSION. 1

ADDITIONAL INFORMATION

8 ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE PART OF THIS CERTIFICATE.

EXECUTION

9 I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

SIGNATURE OF AUTHORIZED PERSON [Signature] DATE 12/4/07 SIGNATURE OF AUTHORIZED PERSON _____ DATE _____

Marc T. Scholvinck, General Partner

TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

RETURN TO (Enter the name and the address of the person or firm to whom a copy of the filed document should be returned.)

10 NAME [Karen Snater]
FIRM Blum Capital Partners, L.P.
ADDRESS 909 Montgomery Street, Suite 400
CITY/STATE/ZIP [San Francisco, CA 94133]